

**LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY  
COURSE EVALUATION**

**TOPIC: EMERGIPRESS: RADIATION BASICS, PERICARDITIS, SPINAL MOTION  
RESTRICTIONS**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_

ACCREDITATION #: \_\_\_\_\_

**Self-Study Evaluation:**

Name of Instructor(s): SELF STUDY ONLINE

*Circle the number that best represents your opinion*

Evaluation Factor	Strongly Agree	Agree	Disagree	Strongly Disagree
The information was presented in a clear and understandable manner	4	3	2	1
The review materials were effective and facilitated my learning experience	4	3	2	1
The review materials met the stated objectives	4	3	2	1
This materials were relevant and met my professional needs	4	3	2	1
The handouts and/or audiovisual aids were appropriate	4	3	2	1
The variety of variability materials were appropriate	4	3	2	1
The web site and materials were easy to navigate	4	3	2	1
Overall, the study time allocated was:	Too short	Just right	Too long	

**Describe two concepts in detail that you have learned in this course:**

1.

2.

**Please identify the strengths of this course:**

**Recommendations for improvement of this course:**

**Additional comments:**

**REMINDER: You may receive EMS CE credit by completing this evaluation, passing the quiz with 80% score or greater and signing a course roster via your department's EMS CE program.**